

Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



Primary and Behavioral Health Care Integration Evaluation

Cohort 9 Evaluation Orientation

Dec 8, 2016



Meeting Agenda

- **Goals of evaluation**
- **Data sources for evaluation**
- **Grantee participation in evaluation**
- **Timeline for evaluation activities**
- **Evaluation-related technical assistance**

Introductions

- **Mathematica Policy Research is conducting the evaluation**
- **Began in September 2015 and ends September 2020**
- **Mathematica Policy Research**
 - **Jonathan Brown, Evaluation Project Director**
- **SAMHSA**
 - **Laura Jacobus-Kantor, Contracting Officer's Representative**
 - **Tenly Biggs, Alternate Contracting Officer's Representative**

Importance of National Evaluation

- **Largest single investment focused on integration of care for SMI population**
- **Unprecedented opportunity to understand how integration improves health and why**
 - **Grantees implementing in diverse communities**
 - **Grantees implementing different integration strategies**

Goals of Evaluation

- 1. What services do PBHCI clients receive?**
- 2. How does integration improve the behavioral health, physical health, and functional outcomes of clients?**
- 3. What are the essential components of integration?**
- 4. What successes and challenges do grantees encounter?**

Evaluation Data Sources

Client Outcomes and Delivery of Care

- NOMs/physical health indicators entered into TRAC/SPARS
- Grantee registry/EHR data

Implementation

- Grantee applications
- Grantee quarterly reports
- BHICA
- Sustainability plans
- Telephone interviews
- Site visits
- Client focus groups

Staff Experiences with Integration

- Brief web-based grantee staff survey

We Use the Data that You Submit to SAMHSA!

- **Assessment and physical health indicator data that you enter into TRAC/SPARS**
- **Quarterly progress reports**
- **BHICA**
- **Sustainability plans**

What is TRAC/SPARS?

The TRansformation ACcountability System (TRAC) is SAMHSA's current data collection & monitoring system. A new system called SAMHSA's Performance Accountability and Reporting System (SPARS) will replace TRAC in early 2017.

TRAC/SPARS is the online platform to enter your NOMS and physical health indicators.

More on NOMS and Physical Health Data Requirements

Data collection:

- Grantees are expected to collect and report on the following health outcomes at baseline, 6 or 12-month intervals, and discharge:
 - Blood pressure – 6 month
 - Body mass index – 6 month
 - Waist circumference – 6 month
 - Breath CO (carbon monoxide) – 6 month
 - Plasma glucose (fasting) and/or HgbA1c – 12 month
 - Lipid profile (HDL, LDL, triglycerides) – 12 month
- Grantees are also expected to collect the National Outcomes Measures (NOMS) every 6 months after enrollment until discharge
- Grantees are encouraged to collect data more frequently to assess outcomes.

What Measurements Are Required?

Mechanical Indicators (enter into TRAC every 6 months after enrollment/intake)	Blood Work (enter into TRAC every 12-months after enrollment/intake)
Height	Fasting glucose <i>or</i> HbA1c
Weight	Triglycerides
BMI	HDL cholesterol
Waist circumference	LDL cholesterol
Blood pressure	
Breath CO	

When are these Measurements Required?

Data	Intake	6 month	12 month	18 month	24 month	Discharge
NOMS	X	X	X	X	X	X
Mechanical physical health indicators	X	X	X	X	X	X
Blood work	X		X		X	X

Other Data Collection for National PBHCI Evaluation

- **Brief grantee survey**
- **Telephone interviews**
- **EHR/electronic data submission**

Director and Staff Survey

- In fall of 2018, the PBHCl director and clinical staff will be asked to complete web-based survey
- Survey includes questions about components of integration and staff perceptions of successes and challenges
- Staff answers are confidential; no individual's responses will be shared with SAMHSA and only reporting in the aggregate (not at the grantee or clinic level)

Telephone Interviews

- In the winter of 2019, a sample of grantees may be selected for telephone interviews
- One hour telephone interviews provide opportunity for PBHCI staff to share implementation experiences

Rationale for EHR/Electronic Data Collection

What: Grantees are asked to extract a targeted set of variables from EHRs/clinical registries (or other electronic systems)

- **Mathematica will provide grantees with list of variables and file layout**
- **Mathematica will provide grantees with technical assistance to crosswalk variables**
- **Grantees submit data via secure website every quarter**

Why: We will use these data to assess -

- **Whether consumers receive a “package” of integrated care**
- **Clinical quality measures: model our measures on those endorsed by the National Quality Forum and reported in public programs to facilitate comparisons**

Background on EHR/Electronic Data Elements

- Data elements used to measure integrated care
- Data not available in TRAC/SPARS
- Requesting data elements that you can export from systems.
- We do not expect for you to conduct medical record reviews
- Extensive feedback from technical advisory panel, grantees, and grantee evaluators informed final list of requested data elements

What Data is Being Requested?

Domain	Data Elements
Demographics	Gender, birth year, race/ethnicity, diagnoses
Services provided by your agency/clinic	Medication management, care management/care coordination, psychotherapy, peer support, physical health care, and treatment planning
Wellness services provided by PBHCI program	Participation in tobacco cessation, nutrition/exercise, chronic disease or wellness self-management (focus on RFA-mandated and elective EBPs)
Referrals	Referrals for obesity, tobacco cessation, physical health care, mental health and substance abuse
Medications	Behavioral and physical health
Services outside of agency/clinic	Hospitalization, ED, primary care/physical health care

Data in the Real World

- **Grantees at different stages of developing and implementing their data systems**
- **May not have all data at first data submission; more data may be available over time**
- **Data can come from any systems (EHRs, registries, pharmacy/prescribing, Excel tracking sheets, others)**
- **We can accept data in different file types and formats (need to be linkable using TRAC identifier)**
- **Can use different variable names; give us crosswalk**

Where and How to Submit Electronic Data

- Every grantee gets unique user ID and password to submit data to this site:
<https://www.pbhcieval.com/Grantee/SitePages/Home.aspx>
- File types: Excel (XLS or XLSX), CSV, SAS, SPSS, Stata, other
- Do not email files to Mathematica
- Do not email files to your GPO or SAMHSA or CIHS

EHR/Electronic Data Submission Timeline

- **First submission: Oct 31, 2017**
- **Subsequent submissions follow quarterly schedule**

Dates of the Quarter/Period Covered by Data Submission	Grantee Due Date
1 st quarter – Oct 1 through Dec 31	Jan 31
2 nd quarter – Jan 1 through March 30	April 30
3 rd quarter – April 1 through June 30	July 31 – not in 2016
4 th quarter – July 1 through Sept 30 (for first data submission, begin with first date of client enrollment into program if possible)	Oct 31 – first submission due date in 2017

After You Submit EHR/Electronic Data

- **Mathematica may check in with you if variables are not self-explanatory or we identify any anomalies**
- **Mathematica will follow-up with grantees that don't submit data to see if we can help**

Orientation to EHR/Electronic Data Spreadsheet

- Spreadsheet lists the type of service/encounter to report (spreadsheet is NOT a clinical registry)
- We are asking for date of service/encounter
- We are NOT asking for billing or procedure codes; however, we provide them in case they are useful to map the services that we're looking for to your systems. Do NOT limit reporting to only billable services.
- 3 tabs of spreadsheet:
 1. List of variables/services that we're asking you to report
 2. List of billing/procedure codes (these are provided as guidance; do not limit reporting to these billing/procedure codes)
 3. Example file layout (row represents client, columns are variables)

Next Steps with EHR/Electronic Data Submission

- Excel spreadsheet of data elements, slides, and FAQ available on CIHS website under “PBHCI Evaluation” heading:
http://www.integration.samhsa.gov/pbhci-learning-community/resources#data_collection
- Mathematica will email all grantees a user ID and password for secure website to upload data
- Mathematica can help crosswalk variables to your systems and navigate secure website

Wellness Services Tracking Tool

Access tool to record client participation in RFA-mandated evidence-based practices (tobacco cessation, nutrition/diet/exercise, chronic disease self-management)

Available: http://www.integration.samhsa.gov/pbhci-learning-community/resources#data_collection

You are not required to use this tool. It is a resource for grantees.

Benefits of using tool:

- **Supports submission of EHR/electronic data**
- **Helps you complete your quarterly report**
- **Helps you track delivery of EBPs**

Data and Evaluation Technical Assistance

PBHCI Contractors	Technical Assistance Available	Contact
Center for Integrated Health Solutions	Implementation of integration activities (not providing TA for EHR/electronic data submission)	integration@thenationalcouncil.org www.integration.samhsa.gov
Westat	TRAC	TRACHELP@westat.com 1-855-796-5777
Mathematica	Extracting EHR/electronic data	pbhcieval@mathematica-mpr.com 1-866-504-9640

Resources

- **General overview of evaluation:**
[http://www.integration.samhsa.gov/pbhci-learning-community/PBHCI Evaluation FAQ for CIHS Website.pdf](http://www.integration.samhsa.gov/pbhci-learning-community/PBHCI_Evaluation_FAQ_for_CIHS_Website.pdf)
- **Spreadsheet and FAQs about electronic data submission request:**
[http://www.integration.samhsa.gov/pbhci-learning-community/resources#data collection](http://www.integration.samhsa.gov/pbhci-learning-community/resources#data_collection)

Evaluation Team Contacts

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